

FORM ADV-W
Schedule W1
(Paper Version)

Your Name: _____ SEC File No.: _____
Date: _____ CRD No.: _____

Certain items in Form ADV-W may require additional information on this Schedule W1. Use this Schedule W1 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

SECTION 5C Other Investment Advisory Contract Assignments

Check here if you are completing this section: ☐

Complete the following information for each *person* to whom you have assigned any advisory contract but who is not listed on Form ADV-W. You must complete a separate Schedule W1 for each *person* (other than the *person* listed in Item 5 of Form ADV-W) to whom you have assigned an advisory contract.

Name and business address of the *person* to whom advisory contracts were assigned:

(name)

(number and street)

(city) (state) (country) (zip + 4/postal code)

(area code) (telephone number)

SECTION 8B Persons With Custody or Possession of the Books and Records Kept at the Location Described in Section 8C of this Schedule W1 (below).

Check here if you are completing this section: ☐

Complete the following information for the *person* that has or will have custody or possession of the books and records kept at the location described in Section 8C of this Schedule. If you are required to complete Item 8B of this Schedule, you must complete a separate Schedule W1 for each *person* that has or will have custody of any of your books and records. If the *person* you list below has or will have custody of any of your books and records at any other location, you must complete separate Schedule(s) W1 listing this *person* and each other location of your books and records.

(name)

(number and street)

(city) (state) (country) (zip + 4/postal code)

(area code) (telephone number)

SECTION 8C Location of Books and Records of Which the *Person* Listed in Section 8B of this Schedule W1 Has Custody or Possession.

Check here if you are completing this section: ☐

Complete the following information for the location where the books and records of which the *person* listed in Section 8B of this Schedule has or will have custody or possession. If you are required to complete Item 8C of this Schedule, you must complete a separate Schedule W1 for each location at which your records are or will be kept. If any other *person* has or will have custody or possession of any of the books and records at the location described below, you must complete separate Schedule(s) W1 listing this location and each other *person* that has or will have custody of your books and records.

(name)

(number and street)

(city) (state) (country) (zip + 4/postal code)

(area code) (telephone number)

Briefly describe the books and records kept at this location. _____

FORM ADV-W
Schedule W2
(Paper Version)

Your Name: _____

SEC File No.: _____

Date: _____

CRD No.: _____

If you answered "yes" to Items 3, 4, or 6 of Form ADV-W, you are required to complete this Schedule W2. This balance sheet must be prepared in accordance with generally accepted accounting principles, but need not be audited.

ASSETSCurrent Assets

Cash _____

Securities at Market _____

Non-Marketable Securities _____

Other Current Assets _____

Total Current Assets \$ _____Fixed Assets**Total Fixed Assets** \$ _____**TOTAL ASSETS** \$ _____**LIABILITIES & SHAREHOLDERS' EQUITY**Current Liabilities

Prepaid Advisory Fees _____

Short-Term Loans from Clients _____

Other Short-Term Loans _____

Other Current Liabilities _____

Total Current Liabilities \$ _____Fixed Liabilities

Long-Term Debt Owed to Clients _____

Other Long-Term Debt _____

Other Long-Term Liabilities _____

Total Fixed Liabilities \$ _____Shareholders' Equity**Total Shareholders' Equity (or Deficit)** \$ _____**TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY** \$ _____

APPENDIX C

OMB APPROVAL	
OMB Number:	3235-____
Expires:	_____
Estimated average burden hours per response	1.00

Form ADV-H**APPLICATION FOR A TEMPORARY OR CONTINUING HARDSHIP EXEMPTION****Item 1 Type of Exemption**

You are (check one):

- ☐ Requesting a Temporary Hardship Exemption; or
- ☐ Applying for a Continuing Hardship Exemption
- A. If you are requesting a temporary hardship exemption, this Form ADV-H is for your (check one)
- ☐ Initial SEC Application ☐ Annual Updating Amendment to SEC Registration
- ☐ Other-Than-Annual Amendment to SEC Registration
- B. If you are applying for a continuing hardship exemption, this Form ADV-H is for all filings between the date you file this form and _____.

MM / DD / YYYY

Only an adviser that is a "small business" (as defined by SEC rule 0-7) is eligible for a continuing hardship exemption. To determine whether you are eligible for a continuing hardship exemption, review Item 12 of the Form ADV that you filed most recently with the SEC to answer the following questions:

Were you required to answer Item 12 of Form ADV? Yes ☐ No ☐

Did you check "yes" to any question on Item 12 of Form ADV? Yes ☐ No ☐

If you were not required to answer Item 12 or checked "yes" to any question on Item 12, you are not eligible for a continuing hardship exemption and must submit electronic filings to the IARD system.

Item 2 Identifying Information

SEC File number: 801 - _____ CRD Number (if you have one) _____

- A. Your full legal name (if you are a sole proprietor, state your last, first, and middle names):

- B. *Principal Office and Place of Business*
Address (do not use a P.O. Box):

(number and street)

(city) (state) (country) (zip+4/postal code)

- C. Name and telephone number of the individual filing this Form ADV-H:

(name) (title) (area code) (telephone number)

Item 3 Information Relating to the Hardship

- A. If you are filing to request a temporary hardship exemption, attach a separate page that:

1. Describes the nature and extent of the temporary technical difficulties when you attempt to submit the filing in electronic format.
2. Describes the extent to which you previously have submitted documents in electronic format with the same hardware and software that you are unable to use to submit this filing.

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3. Describes the burden and expense of employing alternative means (*e.g.* public library, service provider) to submit the filing in electronic format in a timely manner.
 4. Provides any other reasons why a temporary hardship exemption is warranted.
- B. If you are applying for a continuing hardship exemption, your application will be granted or denied based on the following items. You should attach a separate page to this Form ADV-H that:
1. Explains the reason(s) that the necessary hardware and software are not available without unreasonable burden and expense.
 2. Describes the burden and expense of employing alternative means (*e.g.* public library, service provider) to submit your filings in electronic format in a timely manner.
 3. Justifies the time period requested in Item 1 of this Form ADV-H.
 4. Provides any other reasons why a continuing hardship exemption is warranted.

Item 4 How to Submit Your Form ADV-H

Sign this Form ADV-H. You must preserve in your records a copy of the Form ADV-H that you file. If you are submitting this Form ADV-H to the NASDR by fax, the number is 301/590-____. If you are sending it by regular or express mail, send ____ copies to _____.

Item 5 Execution

I, the undersigned, have signed this Form ADV-H on behalf of, and with the authority of, the adviser requesting a temporary hardship exemption or applying for a continuing hardship exemption. The undersigned and the adviser represent that the information and statements made in this ADV-H, including any other information submitted, are true. The undersigned and the adviser further agree to waive any claim against the administrator of the IARD for errors made in good faith that may occur when converting to electronic format this Form ADV-H or any paper filing made in reliance of a continuing hardship exemption.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

SEC'S COLLECTION OF INFORMATION. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid control number. Section 203(h) of the Advisers Act authorizes the Commission to collect the information on this Form from applicants. See 15 U.S.C. §§ 80b-3(h). Filing of this Form is mandatory for an investment adviser to withdraw from registration. The principal purpose of this collection of information is to enable the Commission to verify that the activities of an investment adviser seeking to withdraw from registration do not require the investment adviser to be registered and to determine whether terms and conditions should be imposed upon a registrant's withdrawal. The Commission will maintain files of the information on Form ADV-W and will make the information publicly available. Any member of the public may direct to the Commission any comments concerning the accuracy of the burden estimate on page one of Form ADV-W, and any suggestions for reducing this burden. This collection of information has been reviewed by the Office of Management and Budget in accordance with the clearance requirements of 44 U.S.C. §3507. The applicable Privacy Act system of records is SEC-2, and the routine uses of the records are set forth at 40 Federal Register 39255 (Aug. 27, 1975) and 41 FR 5318 (Feb. 5, 1976).

Appendix D—Form ADV-NR—(Paper Version); Appointment of Agent For Service of Process by Non-Resident General Partner and Non-Resident Managing Agent of an Investment Adviser

You must submit this Form ADV-NR if you are a *non-resident* general partner or a *non-resident managing agent* of any investment adviser (domestic or non-resident). Form ADV-NR must be signed and submitted in connection with the adviser's initial application. If the mailing address you list below changes, you must file an amended Form ADV-NR to provide the current address. If you become a *non-resident* general partner or a *non-resident managing agent* after the date the adviser files its initial application, you must file Form ADV-NR with the Commission within 30 days. If you serve as a general partner or *managing agent* for multiple advisers, you must submit a separate Form ADV-NR for each adviser.

1. Appointment of Agent for Service of Process

By signing this Form ADV-NR, you, the undersigned *non-resident general partner* or

non-resident managing agent, irrevocably appoint each of the Secretary of the SEC, and the Secretary of State, or equivalent officer, of the state in which the adviser referred to in this form maintains its *principal office and place of business*, if applicable, and any other state in which the adviser is applying for registration, amending its registration, or submitting a *notice filing*, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, order instituting proceedings, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative proceeding or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration: (a) arises out of any activity in connection with the investment adviser's business that is subject to the jurisdiction of the United States, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934,

the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which the adviser referred to in this Form maintains its principal office and place of business, if applicable, or of any state in which the adviser is applying for registration, amending its registration, or submitting a *notice filing*.

2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

BILLING CODE 8010-01-P

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Signature

I, the undersigned *non-resident* general partner or *non-resident managing agent*, certify, under penalty of perjury under the laws of the United States of America, that the information contained in this Form ADV-NR is true and correct and that I am signing this Form ADV-NR as a free and voluntary act.

Signature of Partner or Agent:

Date: _____

Printed Name: _____ Title: _____

Mailing Address of Partner or Agent (no P.O. Boxes):

Signature of Investment Adviser:

Date: _____

Printed Name: _____ Title: _____

Adviser CRD Number: _____

Adviser Name: _____